

SANTA'S WORKSHOP (SWS) APPLICATION

SWS OFFICE USE ONLY

CONTROL #

TO ASSIST MILITARY FAMILIES IN NEED WITH CHRISTMAS TOYS FOR CHILDREN 6 MONTHS TO 12 YEARS AS OF 25 DECEMBER

Completed applications should be submitted to SWS by 5 November

~Only EMERGENCY applications accepted after 5 November ~

DATE

TIME

Please Print: Incomplete, Illegible application will not be processed

FIRST INITIAL OF LAST NAME AND LAST 4		SPONSOR'S LAST NAME		FIRST NAME		MI
EMAIL ADDRESS:		RANK	CURRENTLY DEPLOYED?	HOME PHONE () ()		CELL PHONE () ()
13 SC(E) <input type="checkbox"/> 4ID <input type="checkbox"/> 1 CAV <input type="checkbox"/>		BRIGADE		BATTALION		COMPANY LEVEL UNIT
3 CORPS <input type="checkbox"/> OTHER <input type="checkbox"/>						
DO YOU LIVE ON POST? Yes <input type="checkbox"/> No <input type="checkbox"/>		HOME ADDRESS		CITY, STATE		ZIP CODE

REQUIRED INFORMATION

SPOUSE'S NAME		SPOUSE'S LAST 4 OF SSAN	
Are you dual military? (<i>only 1 application will be accepted per military family</i>)			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
SPOUSE'S UNIT		SPOUSE'S RANK	
Is spouse employed		SPOUSE'S YEARLY INCOME	
Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are children living with you?		If No - please explain?	
Yes <input type="checkbox"/> No <input type="checkbox"/>			
Any other source of income?		If Yes - please state amount?	
Yes <input type="checkbox"/> No <input type="checkbox"/>			

CHILDREN'S INFORMATION (PLEASE LIST YOUNGEST TO OLDEST UNDER YOUR LEGAL GUARDIANSHIP)

	FULL NAME		GENDER (CHECK ONE)	BIRTHDATE (MM/DD/YY)	AGE	ELIGIBLE
	CHILD'S LAST NAME	FIRST NAME				
1			BOY <input type="checkbox"/> GIRL <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
2			BOY <input type="checkbox"/> GIRL <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
3			BOY <input type="checkbox"/> GIRL <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
4			BOY <input type="checkbox"/> GIRL <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
5			BOY <input type="checkbox"/> GIRL <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
6			BOY <input type="checkbox"/> GIRL <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>

REQUIRED EXPLANATION OF FINANCIAL NEED. PLEASE BE SPECIFIC - IF ADDITIONAL SPACE IS NEEDED PLEASE USE THE BACK

APPLICANT'S SIGNATURE (VERIFIES REQUEST FOR ASSISTANCE AND APPLICATION INFORMATION)

REFERRED AND APPROVED BY ALL OF THE FOLLOWING

CFS	E-MAIL ADDRESS	PRINTED/TYPED NAME	SIGNATURE	PHONE NUMBER
1SG, COMPANY COMMANDER, OR CHAPLAIN	PRINTED/TYPED NAME		SIGNATURE	PHONE NUMBER